

# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## ORGANIZATION NOTES

### THE PROGRESS OF REGISTRATION IN ENGLAND

READERS of the *British Journal of Nursing* will not need to be told that the Society in England for State Registration, founded in 1902, and which since that time has carried on an energetic and admirably conducted propaganda, drafted in May last a bill to present to Parliament, and that this bill was presented to a special meeting of the society at the end of last November and approved. [Since published in the JOURNAL.—ED.]

The bill, which is wise, moderate, and just, provided for the formation of a nursing council, whose duties and powers were to be to frame rules regulating the issue of certificates, conditions of admission to the register, course of training, and conduct of examinations, the admission of women already in practice, and all the other details which, in short, correspond to the work of our State Regents and Examining Board in New York. Important nursing bodies, such as the Queen's Jubilee Nurses and the Royal British Nurses' Association, and prominent medical bodies were given representation in this council. But the majority of the council were to be elective, selected by the nurses themselves, so that the important principle of self-government was thoroughly safeguarded.

This entire work had been carried on with the most complete openness and publicity.

The Royal British Nurses' Association, originally founded to secure registration, had in 1896 voted against it, and from that time on has been on the opposition. The general surprise, then, may be imagined, when on December 23 the Royal British Nurses' Association published in its official organ a "Brief Synopsis" of a registration bill, which, testifying, as it did, to a complete reversal of policy, came like a bolt from the blue sky.

As a selfish politician sometimes is forced unwillingly to yield to public pressure, so the little clique which has so long held the Royal British Nurses' Association in hand was forced to go with the tide in the matter of registration, but an attempt to retain power was shown in the construction of its bill, which stopped short at a fair representation of nurses themselves.

The *British Nursing Journal* vigorously criticised this proposed bill, saying truly that it provided for an oligarchy of medical and lay employers of nurses, who, if they did not resist it, would be signing away their own liberty and that of the nurses of the future.

What internal pressure was brought to bear we do not know, but in January a special meeting of the Royal British Nurses' Association was called, at which the proposed bill was amended in an enlightened and liberal way, bringing the direct representatives of the nurses and matrons up to fifteen instead of six, thus conceding the whole argument for registration and for the right of nurses to be in the majority on governing boards.

This has been one of the most surprising events of the year, and though we think it would have been finer in the Royal British Nurses' Association to have supported the Society for Registration, yet none the less does it leave the latter in possession of complete victory.

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#### THE GERMAN NURSES AND THE GOVERNMENT

THE German Nurses' Association is waiting upon the slow and ponderous machinery of the government to take cognizance of its request for State regulation of nursing education and economic status. Although German methods are slow, they are thorough, and we hope for good results when they are brought to bear on this question.

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#### NEW ZEALAND SUCCESS

REGISTRATION in New Zealand is reported as working smoothly and satisfactorily. The Inspector-General of Hospitals and Charitable Institutions in his annual report to the Minister of Public Works, which was presented to both houses of the government, commends the working of the act and gives much credit to Mrs. Grace Neill, who, as a nurse and Assistant Inspector of Hospitals, has been intrusted with the difficult and important task of carrying out the arrangements for examinations, and generally keeping the legal machinery in motion.

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#### HOW TO TRAVEL ABROAD ON LITTLE MONEY

WHO does not look forward to a "trip abroad" if it is yet an unfulfilled dream of the future? People who have plenty of money can, of course, travel when and how they will, but many of those who would most enjoy the new scenes, and who are most eager for the opportunities of learning that are afforded by a European trip, are deterred by the cost of travel.

This cost, however, need not be nearly as great as is usually supposed to be necessary, and I am going to give some of the practical points picked up from experience or observation of other people for the benefit of those who wish to travel economically. Those fortunate individuals who only need to draw a new check when the last one is exhausted, and who spend anywhere from three to six dollars a day, need not stop to read this humble screed.

First let me give two starting-points as to relative cost:

I. It is possible to travel quite continuously, making stops of from two days to a week here and there along the road in Europe on an average of, often, two dollars a day—sometimes a little more, say not more than two and a half.

II. If one has six months or a year to stay, and wants to settle down for a month or more at a time, one can get through on about seven hundred dollars a year.

Now as to details: The first essential is to know a little of the language of whatever country one means to visit. Without this one can travel, but not economically, as one is obliged to stay at English-speaking hotels, depend on others for everything, and pay in innumerable little ways for not being able to take care of oneself. The first advice, then, is to learn to speak enough of French and German, and, if possible, Italian, to meet the incidents of travel. Conversation lessons are the best, for the traveller must practise her ear even

more than the tongue. It is rather easy to learn to ask simple questions in a foreign language, but not so easy to understand what is being said to one in return.

In preparing to cut down expenses in travelling, the first thing is to get the necessary and inevitable items of expense reduced to their lowest minimum. Such inevitable items are railway tickets, baggage, board and lodging, and laundry. Many outlays are not capable of being reduced, such as little unexpected expenses, entrance fees to noteworthy places, etc. The only way to reduce the latter is to go on free days to galleries, etc., but as free days are usually only on Sundays, one can easily see that there are not enough Sundays to go around. So one needs a good many small sums to buy tickets to noteworthy sights, concert, opera, theatre, and all the innumerable places which ought not to be neglected. Therefore, economies must be made in the necessary and inevitable items.

The first, and a large one, is the railroad. By travelling third class one saves at the outset nearly one-third of her whole outlay for the railroad. This means that one must buy one's own tickets, for "Cook's tickets" are not to be had in third class, only in first and second. And it is a mistake to think that "Cook's tickets" are cheaper than those bought of the railway. They are the same price, with a trifling commission added. What Cook does for the tourist is to save him *trouble*, not money.

Third-class travel is entirely comfortable, respectable, and possible in England, Holland, Belgium, Germany, Switzerland, and even Italy, though the latter is not as clean as the others. France I know nothing of, therefore cannot say. I had been told that third-class in Italy was impossible, but have found quite the contrary. Though the cars are usually very old-fashioned and small (being, however, continually improved) and the floors usually rather unkempt, yet by choosing cars carefully one can travel perfectly well third class in Italy, and the Italians in the third-class cars are perfect as to manners and demeanor, though often a little behind the times in habits.

The drawbacks of third-class travel are: One is more often obliged to "change cars;" one cannot always take a good, fast train; the best and fastest trains in some countries do not carry third-class; and sometimes a long-distance journey, as from Rome to Naples, cannot be made in one trip third class on account of the slowness making the time required impossible without a "stop-off" somewhere. These are some of the little points for which one needs the language. The railroads in Germany, Switzerland, and Italy all offer in summer very low rates in "round trips" or "season tickets" in all three classes. With the former, one must return to the starting-point; with the latter, this is not required. In Switzerland a photograph of the individual must be pasted on the season-ticket, and during its limit of ten, fifteen, or thirty days one may travel, if one wishes, from morning until night in any direction or on any road in Switzerland. But unless one spoke the language one could hardly manage one of these trips, especially in third class. The ten-day third-class costs eight dollars. However, if one does not want continuous travel, it is not advisable to get one of these tickets, as distances are short in Switzerland, and one might see what one wanted for less.

Next, as to baggage.

(To be continued.)

## LETTERS

ON the way through Southern Germany, Switzerland, and Italy one may see a number of general hospitals which are typical and interesting. These large general hospitals, which correspond to what in America would be called "city" or "county" hospitals, are yet quite differently managed in many details. For instance, they are not limited to free patients, but have a number of beds and small rooms containing from one to four beds for paying patients of small means. The workmen of Germany all contribute to their State sick benefit fund, and this entitles them to hospital care, so they are not regarded as free patients.

Pay patients of a more well-to-do class in Germany are not provided for in the large general hospitals, but go to a private "Klinik," meaning the private hospital of some great specialist, or to the Red Cross hospitals, which are designed especially for paying patients, although they all have some free beds.

In Munich Mrs. Robb and I visited the General Hospital, which has eight hundred beds. It is about two hundred years old, and is built in a heavy and solid style, three-story buildings surrounding a large square. The long sides and back of this square were planned like "corridor trains"—that is, a long, wide corridor ran the entire length, its windows opening on the open square, and from its other side opened the wards, which were small and narrow, with windows at the street end only. The wards were small, each containing sixteen beds, and as they were built solidly together, with window only at the end, they were rather dark and by no means cheerful looking, although they were very neat and clean. The air-space was small, and ventilation had to come partly through the corridor. The corridor itself was quite a picture. The sisters used it as a general supply and work-room, and it had, distributed up and down its generous space, ice-chests with little tables beside them for cracking ice, the picks and ice-caps hanging above; it had steam-pipes and hot tables; it had fixtures for boiling water, with kettles in place; it had slop-hoppers and fresh-water fixtures, zinc receivers for clothes, small tables for general utility, shelves for the doctors' appliances in testing urine, blood, etc., and racks for bedpans and urinals, all right out in the open! At intervals along the corridor were tall green plants and flower-stands with potted plants. It had a dark, polished floor, and on the wall were pictures of a religious character. The sisters are of a Catholic order, wearing black with a large white fichu and heavy white linen apron and much pleated and folded white linen cap. The probationary sisters wore large black caps and blue gingham over-sleeves. There were a number of sisters busy in the corridor, and the picturesque effect was exceedingly pretty. The corridor was of such spacious extent that this curious jumble of belongings did not look as incongruous as it sounds. Medicines and surgical appliances were kept in a room by themselves, but the patients' milk supply was in an ice-box in the corridor.

Just what or how much nursing work the sisters do is, of course, a little difficult to find out on a short visit. I judge that in this hospital the medical students do a great deal that with us would be done by pupil nurses. But the sisters undoubtedly work hard and continuously, and their faces and demeanor show nothing but kindness and gentle goodness.

This is the hospital with such an exquisite kitchen, and the whole big place was immaculately clean,—bathrooms, beautifully tiled, cubby-holes, and corners were all shown. The hospital has sun-rooms, X-ray and Roentgen-ray rooms, and

departments for all branches, including children (in a separate hospital), and obstetrics. The latter department is, I believe, the one in which changes are most needed in many foreign hospitals, as the sisters do not personally supervise the work, which is left to attendants of an inferior grade.

The canton hospital at Berne, Switzerland, is a very beautiful one. It is quite new, and built on the isolated pavilion plan in beautiful grounds a little way out of the city of Berne, with the kitchen building in the middle of the grounds just behind the administration.

The pavilions, while similar externally, vary in their details of plan, and are very attractive, with a modern finish of lightness and brightness. In several the long, wide corridor, completely closed in with glass sides, where the patients could walk or ride in wheel-chairs, was a special feature, and a pretty touch of color was given by the bed-linen in the wards. Instead of being made up in white, as usual, the pillow-cases and bedspreads were all of a clear blue and white plaid gingham, fresh and well-laundered, and with the good, hard-wood floors and funny little yellow boxes of Swiss beds, it really looked prettier than white.

I would have liked to see more of this hospital than I could. The deaconesses who nursed it had every appearance of being overworked, and I had not the heart to detain one of them long enough to satisfy my interest. I should say that they did thorough and careful nursing, and did it all themselves. I noticed in the children's ward the exquisite cleanliness of finger-nails and small details which mark careful work. Then, too, in this hospital I believe a more elaborate surgical technique is practised than in almost any other Swiss hospital, and doctors' orders are heavy and exacting. Medical science and nursing art both are high, and I would advise American visitors to see the canton hospital of Berne without fail.

A similar hospital at Geneva was not so modern in construction nor so good in detail, though larger. It is built in the heavy, three-story style, with wards and corridors all opening into each other, and what struck me as being very odd was to be shown a diphtheria ward and a scarlet-fever ward opening right out of the general corridor—quite at one end, to be sure, but still connecting with the whole hospital. The diphtheria room, containing eight beds and three convalescents, had an excellent apparatus for making steam spray. It was a nickel-plated machine over gas-jets, having a reservoir for water and a regulator to control and record the pressure. It was fitted with long arms of nickel tubing which extended over the beds, and could produce enough steam for six patients. I was told that the Swiss physicians are very strict and punctilious in the use of antitoxin at an early stage, so that diphtheria is minimized and there is no pressure on the hospital. There were deaconesses also in this hospital, and, I am sorry to say, they also seemed overworked, though not as much so as at Berne. The pillows and spreads in this hospital were pink and white check.

A wonderful hospital to burst on one's vision is the Ospedale Civile in Venice, containing thirteen hundred beds and occupying the superbly beautiful old buildings which were for four hundred years a monastery and for a hundred past have been adapted as a hospital. But this letter is too long already, and I shall have to describe it next time.

L. L. D.

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ITEMS

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MISS SARA McDONALD (Johns Hopkins) and Miss Thureson (Brooklyn Hospital) have been taking a holiday in Italy. In Florence they encountered Miss Dock, and in Rome found quite a little gathering of American nurses who met on several pleasant occasions. There were Miss Tripp (Canada and General Memorial), Miss Dock again, and Miss Gordon and Miss Shibley (Brooklyn Hospital), who are making an extended trip.

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MISS LA FLEUR, of the Massachusetts State Hospital; Miss Gibson, of the Boston City; Miss Irving, from Australia; Miss Babcock, of the Newport Hospital, and Miss Hunt, of the Framingham Hospital, are in Rome for eighteen months doing private duty under the auspices of St. Paul's House.

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MISS DIANA KIMBER is about to become a member of the Poor-Law Guardians in her country home in England. She has already been elected a member of a committee to further the enforcement of the law regulating the practice of midwives.

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FRAULEIN AGNES KARLL, president of the German Nurses' Association, writes most warmly and cordially of her interest in meeting English and American nurses next summer in Berlin.

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THE St. Bartholomew's League of Nurses, always foremost in liberal movements, will send a delegate to the congress in Berlin next June.

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MISS MCGAHEY has described her visits to hospitals in North America and Great Britain in a published lecture which we hope to see.



THE COMMUNITY AND TUBERCULOSIS.—Dr. Beverly Robinson, of New York, in an article on the above subject, makes the following statement: "Finally, the broad statement still remains true, that without a susceptible soil no tuberculosis will develop in the vast majority of cases. Witness a little experience of my own. I served thirteen years in the Out-door Department of the New York Hospital, where I had the class either of heart and lungs or throat and nose. During that time I had three or more assistants at different times, and several students. I or my assistants passed at least two hours three times a week in the room where the patients were examined, treated, and prescribed for. In no instance that I recall was any one among my assistants or students (of course, including myself) known to have contracted tuberculosis, and certainly in no instance was our attention directed to the room of the New York Hospital as being the source and origin of the disease. So far as I know, at no time in the thirteen years referred to above was the room where I examined and worked over my cases ever thoroughly disinfected in accord with the notions that we now possess of the meaning of the term. Of course, patients coughed, expectorated, and frequently tuberculous sputa reached the floor, dried up, and were wafted freely later to the respiratory tract of us all."